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ABSTRACT

In the 1960s, mental health and educational research on minority populations suffered from ill defined studies which lacked empirical quality and validity. As a result, numerous misinterpretations, false assumptions, and misleading stereotypes have been perpetuated in the literature. Generalization of results from small, non-random samples, and the use of instruments normed on Anglo populations exacerbated the research problem. These research biases have been perpetuated in mental health services to minority groups. Minorities fail to utilize these services due to the lack of minority therapists, the adherence to a traditional clinical and therapeutic orientation, the focus on individual rather than environmental change, and the ignorance of cultural differences. Although need for more minorities in the helping professions exists, graduate school requirements and admission tests tend to limit minority participation in training opportunities. An academic selection methodology which includes academic index, experiential background, and personal interview as major criteria, though successful, comes too late in the academic process. True academic motivation and success starts with teacher expectations in the early years. A multiphase model of involvement and training, which emphasizes the interactions and feedback loops among varying levels in the educational process from elementary to graduate school, would truly increase minority participation in professional roles. (A diagram of the proposed training model is appended). (9L)

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The Underrepresentation of Minorities in Mental Health Services:
Implications for Research, Practice, and Program Development

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Running head: Minorities in Mental Health Services

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The Underrepresentation of Minorities in Mental Health Services:
Implications for Research, Practice, and Program Development

The minority population in the United States has increased steadily over the last two decades. As a result of this growth mental health and educational services, starting in the late 1960s, began to express a need to attend to this growing segment of the population (Russo, Olmedo, Stapp, & Felcher, 1981). Justifiably, journal editors saw a large need to publish articles of a cross-cultural nature. Only in this way would the psychology and education professions alert themselves to this very important topic. Researchers, many of whom were anxious to publish, saw this as an opportunity to further their professional development. Thus numerous investigations into ethnic cultures were begun. Unfortunately, many of these researchers had little familiarity with, or sensitivity to, minority groups. This lack of sensitivity would prove to be a serious detriment to the quality of empirical research on minority groups. By the early 1970s the desks of journal editors were full of cross-cultural and ethnic-related articles, a number of which would soon find their way into press. A problem arose however, in that many of these studies were ill defined and lacked empirical quality and validity.

Unfortunately, the results accruing from these early ill defined studies were passed on from researcher to researcher. Soon false assumptions and misleading stereotypes were evident in much of the early research on ethnic minorities. By the mid 1970s however, some researchers, many of whom were themselves members of an ethnic minority group, began to

closely scrutinize past research findings. Soon numerous flaws in methodological design and result interpretation were discovered. This thorough investigation was followed by an outcry in which serious researchers of minority groups advocated more quality control in minority related research.

As a result of this outcry the late 1970s and early 1980s has witnessed tremendous improvement in the quality of cross-cultural research. In addition, much more attention is being placed on minority issues, and the entire psychology and education profession is becoming more sensitive and aware of the importance of minority issues in the United States.

Research on Minorities: A Critical Evaluation

When planning and developing a rationale for research endeavors, investigators often rely on past research findings for relevant information. From past research, designs are organized, instruments are selected, and sample selection is influenced. If research is plagued with methodological flaws, then the internal and external validity of the research findings are in question. And if upcoming investigators use past (flawed) research findings in establishing a base, then misinformation will tend to be perpetuated throughout the literature. Unfortunately, much of the existing psychological knowledge on minorities was obtained through poorly formulated and inadequately controlled cross-cultural investigations (Keefe & Casas, 1980; Casas & Atkinson, 1981; Padilla, 1976; and Garza, 1977). As a result, numerous misinterpretations, false assumptions, and misleading stereotypes have been perpetuated

throughout the literature. Even studies that appear to be well controlled and statistically "solid" may also be faulty because of their reliance on assumptions and findings from past flawed research. Some of the most staunch criticisms on minority related research deal with two fundamental research issues: (1) the dangerous tendency to overgeneralize one's results; and (2) the validity of selected instrumentation.

Generalizability. A major problem with the research in question deals with the tendency for investigators to group minorities together as if they were a homogeneous group. Using small, non-random samples, researchers tended to extrapolate and generalize from their limited findings to the whole minority group under study. For instance, one commonly read notion was that all Mexican American children are poor students (see Steward & Steward, 1974 for a discussion). More recent research (for example Ponterotto, Note 1; and Casas, in press) has emphasized the "heterogeneity" existing within minority groups. Yes there are some Mexican American children who do poorly in school, but there are also many who do quite well in school. Fortunately, current researchers are now emphasizing the tremendous within-culture diversity existing in minority groups (Atkinson, in press).

Instrumentation. Many instruments used as dependent measures were developed for, and normed on, the Anglo population. The efficacy of using these instruments with minority groups then, is of course

questionable. Much of the criticism on improper instrumentation concentrates on the misuse and misinterpretation of intelligence tests and psychological tests. Abuses in the use of both of these type tests with minority groups has been well documented (Garcia, 1975 & 1977). The valuable work of Mercer (1972, 1973, 1976) dramatically illustrates how Anglocentric I.Q. tests had been misused to label many Mexican American and Black children as mentally retarded by not taking into account their sociocultural characteristics. Mercer emphasizes that current I.Q. tests should not be used for comparing the relative intelligence of biosocial groups.

Many attempts have been made over the past 30 years to develop culture-free and culture-fair tests. Cattell's "Culture-Free Intelligence Test", published in 1944, was perhaps the first (cited in Samuda, 1975). The consensus today seems to be that there is no such thing as a "culture-free test". The most we can hope for is a "culture-reduced" test (Olmedo, 1977). Even attempts to translate intelligence tests into languages of minority choice (e.g. Spanish for Mexican Americans) have been mostly unsuccessful due to translation problems (Padilla & Ruiz, 1973).

A positive note is that change and progress has taken place. Oakland (1973) pointed out that some school districts with a significant number of minority children, such as New York, Chicago, Los Angeles, and Houston "have drastically curtailed or eliminated the use of norm-referenced tests in assessing academic aptitude and

achievement and are evaluating the suitability of developing criterion-reference measures to replace them" (p. 296).

Psychological testing of ethnic minorities has also been a source of controversy over the last few decades (Olmedo, 1977). Garza (1977) maintains that using Anglo personality tests or Anglo-derived experimental manipulations without determining their appropriateness for minority populations is irresponsible and lacks both scientific validity and sociocultural objectivity. The author then goes on to explain that the problem of cultural equivalence is extremely complex and entails more than merely controlling for such factors as readability and language usage. More specifically, Garza suggests that in accord with established cross-cultural research procedure (as espoused by Tirandis, 1972), the following criteria should be met in comparing minorities and Anglos on given psychological constructs: (a) the perception of the demand characteristics and other socioenvironmental aspects of the testing conditions, including the experimental manipulations, should not differ across populations; (b) differences in response styles and levels of anxiety produced by the testing situation should be assessed and minimized; (c) familiarity with the test instrument and experimental format should also be reasonably equivalent across populations. Moreover, researchers should familiarize themselves with the intricate sociocultural dynamics of the minority group in question. In addition to the essential differentiation between the effects of cultural aspects and those of socioeconomic

status, intragroup variations with regard to numerous other intervening variables, such as regionality (Garza, 1977) and levels of acculturation (Newland, 1973), must be carefully considered and the findings appropriately qualified.

This section has discussed some important and vital issues relative to research on minority groups. No researcher should undertake a cross-cultural or ethnic investigation without first being aware of, and sensitized to, the issues presented here.

Minorities in Mental Health Service Delivery: Is there a Problem?

Historically in the United States, minority groups have been the objects of discrimination by the dominant Anglo American society. In general, minority groups now find themselves markedly behind the larger society in total amount of education, occupations, income, housing, political representation, and professional identification (U.S. Census, 1974; Grebler, Moore, & Guzman, 1970). Experiencing such oppressive conditions has made many minority groups vulnerable to serious psychological distress and lowered levels of self-esteem (Acosta, 1977). In spite of overall minority group exposure to stress, relatively few minorities avail themselves of therapeutic services (Casas, in press).

A number of explanations for minority group underutilization of mental health services have been proposed. For instance, Jaco (1957, 1959, & 1960) and Madsen (1969) as a result of studies conducted in South Texas contend that Mexican Americans are less likely

to acquire emotional problems because of the support provided by the family. However, conflicting evidence relating to patterns of utilization brings such a conclusion into question. Keefe & Casas (1980) discuss numerous studies which readily dispute the notion that minorities have fewer emotional problems. As more recent and quality controlled evidence accumulates, it becomes apparent that emotional problems are endemic in all ethnic groups. In fact, certain minority subgroups may be even more susceptible than Anglos to emotional problems because these subgroups are often subject to a number of "high stress indicators" such as poverty and language barriers which are correlated with emotional problems or with some form of self-destructive behavior (Padilla & Ruiz, 1973; Brower, 1980).

A more likely interpretation of why minorities underutilize mental health services deals with mental health agencies not successfully reaching minorities in need of help (Keefe & Casas, 1980). As a matter of fact, recent research indicates that institutional policies at mental health clinics discourage (probably unintentionally) utilization by minority groups. Numerous aspects of mental health services have been criticized: the availability of ethnic mental health professionals, including psychologists, psychiatrists, psychiatric nurses, and social workers (Olmedo & Lopez, 1977); the adherence to a traditional clinical and therapeutic orientation (Burrue! & Chavez); the focus on intrapsychic problems and the subsequent emphasis on changing the individual rather than the "sick" environment (Ruiz, Casas, & Padilla, 1977); the failure

to consider language and culture when designing and implementing clinical services in general and treatment strategies in particular (Casas, 1976); the ignorance of cultural differences with regard to the categorization of mental health symptoms (Newton, 1978); and the location and accessibility of mental health resources (Burrue1 & Chavez, 1974).

Interestingly, it has even been substantiated that when ethnic minority clients avail themselves of mental health services they are diagnosed differently and subsequently given inferior and less preferred forms of treatment than that provided nonminority clients (Thomas & Sillen, 1972; Lorion, 1973). More recent research indicates that individuals tend to actually process given information about ethnic groups differently than they do for nonminority groups (Wampold, Casas, & Atkinson, 1981).

Any potential solution geared towards increasing research awareness as well as mental health service awareness of minority groups should involve the overall profession having more exposure to, and contact with, minority group members. In this way, Anglo researchers and therapists who may not be very familiar with ethnic cultures, could have minority colleagues with whom to consult prior to carrying out cross-cultural research, or prior to implementing actual mental health services.

Minority Status and Representation in the U.S.: Suggestions
and Recommendations for Improvement

There is obviously a need to get more minorities into the helping professions. But before we can have minority mental health professionals we need minority mental health graduate students. The application process for gaining admittance into graduate school varies from program to program. However, most graduate programs put substantial weight on past academic performance, and standardized test scores such as the Graduate Record Examination (GRE) or the Millers Anology Test (MAT) (Hirschberg & Itkin, 1978; Thacker & Williams, 1974). Historically, minority groups in the United States have fared rather poorly, relative to Anglos, on these two measures. Minority students overall, have a particularly difficult time on the GRE and MAT. Logical reasons for this difficulty deal with language and cultural differences. As a consequence, in past years minority groups have been underrepresented in graduate training programs.

Some graduate and professional schools, realizing the need to train more minorities, have adopted different admissions criteria for minority students (Goldberg, 1977). Some programs even started setting minority quotas. These attempts, fraught with ethical and professional concerns, also have legal ramifications. A rather popular example of such potential legal consequences occurred when a Mr. Bakke sued the U.C. Davis medical school for reverse discrimination. Apparently, minority students with lesser qualifications than he had gained admittance to the school for reasons of quota fulfillment

(see Bakke v. Regents of the University of California, 1976).

What possible solution could there be for improving the admittance possibilities of minorities without tampering with reverse discrimination? One potential solution was proposed by Atkinson, Staso, & Hosford (1978) in their article entitled "Selecting Counselor Trainees with Multicultural Strengths: A Solution to the Bakke Decision Crisis". In their article, the authors describe a novel and unique admission's process that is being used by the Counseling Psychology Program at the University of California, Santa Barbara (UCSB).

In 1981 the present author served as chairman to the "Graduate Students Admissions Committee" for incoming master's degree students. At the UCSB Counseling Psychology program the students play a crucial role in the admission's process. They are responsible for arranging and carrying out all personal and long distance phone interviews of the top 50 or so applicants. Because of the author's familiarity with the admission's process here at UCSB, and because the program can serve as an exemplar to other graduate training programs, aspects of the entire admission's procedure will be discussed.

Although many of the selection criteria are similar to those of other training programs, there are some unique differences emanating from the UCSB Counseling Psychology Program. One unique feature of the selection procedure at UCSB is the degree of student involvement. In a survey of 68 graduate programs in counseling psychology, Gimmestad & Goldsmith (1973) found that not one of these programs had

student involvement in any major way. At UCSB, students are involved at every level, from determining and weighting admission's criteria to conducting the final interview process.

Basically there are three major criterion areas central to the selection process. These are academic index, experiential background, and personal interview. All materials submitted for review (e.g., letters of recommendation, background questionnaires) are identifiable only by social security number.

Academic Index. Upper division undergraduate GPAs and scores on either the Millers Analogies Test or the Graduate Record Exam are used to compute the applicant's overall academic index. In the year the present author served as the chairman of the students' admission's committee, GPAs and test scores for all applicants were rank ordered and converted separately to Z scores; subsequently the total academic index was arrived at by combining the higher Z score (whether GPA or test score) with one-half of the lower Z score. In selecting the 1981/82 master degree students, total academic index weighted about one-third of the applicants' overall application.

Experiential Background. Each applicant is required to fill out an extensive and comprehensive essay questionnaire. In addition to the more standard counseling experiences, the questionnaire asks questions about multicultural experiences, past involvement in minority group organizations, exposure to a wide variety of of cross-cultural experiences, and volunteer work in minority communities. (Although minorities tend to score more points in this area, Anglos in

the past have scored the maximal allowed point allotment for this area.)

Outside letters of recommendation are rated by faculty members on a standardized three point rating scale. The weighting of letters is considerably lower than the academic index rating. In 1981/82 letters of recommendation represented about 9% of the applicants' total evaluation.

Personal Interview. Normally the master's degree program in counseling psychology receives in excess of 100 applicants a year. Of these, each year we select about 20. Initially the total pool of applicants is evaluated on academic index (GPA and test scores) and experiential background (including letters of recommendation). These evaluations are converted to Z scores, and then the applicants are ranked. The top 50 applicants (as indicated by total Z score) are then invited for a personal interview. The reason that only the top 50 applicants are invited is because those at the lower end of the list have no chance of gaining admittance regardless of personal interview scores. The interview is worth about 25% of the applicant's final evaluation.

The interview procedure involves three stages. A personal interview with a faculty member, a personal interview with two graduate students, and finally a group interview with four applicants and four graduate students. In the the group interview, applicants view counseling vignettes (some of which deal with cross-cultural

issues) and then engage in directed discussion. All evaluations are standardized, with the interviewers asking specific questions worth a specific number of points.

Finally, three or four extra credit points are awarded to those applicants who can demonstrate foreign language proficiency. At the conclusion of the interview process, all weighted scores go back into the computer and the highest 20 Z scores are selected for admission into the program.

Atkinson, Staso, & Hosford (1978) report that in the five years that this selection procedure had been in use, 36% of all applicants admitted to the program have been minorities. This figure takes on added significance when one considers that the program is housed on a university campus where, including graduate programs in Spanish, Portuguese, and Bilingual Education, racial and ethnic minorities made up less than 14% of the total graduate student population during that same five year period. More recently, in their selection process for 1981/82, 37.5% of all minority applicants were accepted into the program, whereas only 28% of the Anglo applicants were offered admission (see Ponterotto, Note 2). The interested reader may wish to refer to Atkinson, Staso, & Hosford (1978) for a detailed description of the UCSB Counseling Psychology Program's admission's process.

An important issue that needs to be discussed, and which is often overlooked, is as follows: regardless of graduate admissions' selection processes, without minority applicants there can be no minority graduate students. And an examination of the make-up of

the country's applicant pool to both master's and Ph.D. programs in counseling and clinical psychology show that not many minority students apply (Parham & Moreland, 1981). Why is this so? Some reasons discussed in the literature include: minority students aren't encouraged to apply; minority students are partial towards programs in which there are existing minority faculty, and since relatively few training programs have adequate minority faculty representation, students of ethnic upbringings are reluctant to apply; many minorities are from a disadvantaged economic background and therefore cannot afford to attend graduate school.

Regardless of the reason(s) for a small minority application pool, something needed to be done to attempt to offset the poor balance. One solution that appears to be somewhat successful is "Minority Recruitment". Many graduate programs throughout the U.S. now have programs by where minority faculty and graduate students visit colleges to speak about professional opportunities in the helping professions. A similar program exists where college students visit high schools to recruit and encourage minority applications at that level. Although the recruitment process is meeting with some success, it is very costly and time consuming. Many undergraduate programs no longer have the funds to hire students to go speak to high schools and colleges. It is the present author's strong personal belief that increasing minority representation does not begin with improved admission's criteria, nor with college recruitment (although this is a step in the right direction), instead it begins with our

minority children, and whether or not throughout the educational process they are encouraged (partly through minority role models) to proceed up the educational ladder.

It is a well substantiated finding that teacher expectations of children's school performance and behavior can indeed affect their actual performance and behavior in either a positive or negative way (Rosenthal & Jackson, 1968). Perhaps an elementary school teacher (who may not be very familiar with minority culture and existing within-group diversity) may have an expectation of a Mexican American child as being shy, or an Asian American child as being strong in math but weak in English language ability. These expectations and attitudes are often perpetuated leading to the child's internalizing these expectations. Thus if a high school teacher or counselor assumes (perhaps unconsciously) that a minority student won't like or do well in college, then the student may not be encouraged to continue his/her education; and in addition, the student may actually internalize these negative attitudes about him/herself. Teachers and counselors throughout the educational hierarchy must be attuned to their own feelings and stereotypes, and they must be aware of the tremendous within-culture diversity existing in minority groups. It follows logically then, that teacher and counselor graduate training programs must have faculty knowledgeable in cross-cultural teaching and counseling.

Figure 1 outlines a schematic representation of minority student and professional involvement in education and mental health services (see Figure 1).

Insert Figure 1 about here

Figure 1 represents a suggested multiphase model of minority involvement and training in the mental health and education professions. This schematic diagram is highlighted by existing interactions and feedback loops among varying levels of training. Phases 1-4 (see Figure 1) deal with minority students at differing levels of education. Obviously a major goal is to have more minority students reach phase 4 (Graduate and Teacher Credential Training). But in order to reach this goal there is a need to have more professional minority representation (teachers) in phases 1-4. Minority teachers in these phases will not only be more likely to encourage minority student development, but minority teachers and counselors will serve as influential role models for their minority students and clients.

Having more minorities reach phase 4 means a greater minority representation in the varying levels of phase 5. The professionals in phase 5 of course, are the ones who will return to working with and training the students in phases 1-4. A close look at the figure shows the existing feedback loops. New minority elementary school teachers (phase 5a) will begin to work in elementary schools (phase 1); where they will not only be more sensitive and attuned to minority

children, but as mentioned earlier, will also begin to serve as influential role models. Moving along to phase 5e, we see that minority therapists and counselors will be needed to work along all phases of the model. Of course, as with any human subgroup, pathologies will develop among minority students and professionals, and trained therapists need to be available to provide needed services (where of course, minority therapists can serve as role models to the growing number of minority clients).

A major point being expressed by the author deals with a multi-layered approach to increasing minority representation both as students and professionals. For maximal effectiveness the psychology and education professions should not just concentrate on improving graduate admissions' criteria, they should begin intervening along all phases of the presented model (again, see Figure 1).

Only by a multi-faceted intervention effort will substantial improvement in minority representation be seen. Any effort of this magnitude takes time, patience, funding, and most importantly, teamwork. The present author believes that we are on the right track. Improved admissions' selection criteria (as existing in the UCSB Counseling Psychology Program), sincere recruitment efforts, and quality minority research control, have already been implemented by the profession. Little by little we hope to intervene at all phases of the multiphase training model.

Summary

The present article is a critical analysis of the current state of affairs on minorities in the helping professions. The intention of the author is not to blame or criticize any aspect of the helping professions; but instead to bring awareness and sensitivity to some crucial aspects that need to be addressed when contemplating the growing percentage of minority group representation in the United States.

Overall, the last decade has witnessed tremendous progress in areas of concern relative to minorities. Most professional organizations, such as the American Psychological Association and the American Personnel and Guidance Association now have divisions specifically designated to address minority issues and concerns. Various journals (e.g., Journal of Non-White Concerns and the Hispanic Journal of Behavioral Sciences) now exist which deal specifically and exclusively with minority groups. Education, at all levels, is recruiting and hiring (through such programs as Affirmative Action and Educational Opportunity Programs) minority professionals. Many federal and private grant organizations are now distributing funds to be used specifically in cross-cultural and ethnic research. Overall, progress is slow, but it is steady. At this point we must be persistent and systematic in our endeavors to improve the current minority situation.

The helping profession is indebted to those of you (minority and nonminority members alike), who a few years ago began to loudly criticize the current state of affairs on minorities in the U.S. We, the psychology and education professions, have heard your cry -- loud and clear. You have made us aware of how important it is to seriously address minority issues. You have successfully sensitized us to the delicate issue of cultural needs, and of existing cultural diversity.

It is essential that we continue to monitor our progress so that all people in the United States get a fair deal. And if the need should again arise by where our profession should be criticized and/or alerted, then let it be so. Now, however, there is a strong need not for criticism, but for professional cooperation. Minorities and nonminorities need to work more closely together in examining minority as well as other issues. There seems to have been a separation in our profession -- those who deal exclusively with improving the current minority status, and those who may have been offended (perhaps by staunch criticism) and therefore withdraw completely from issues of minority concern. For optimal progress and development we cannot have these two distinct camps. This paper then is a new cry -- a cry for professional teamwork.

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Footnotes

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Figure Caption

Figure 1. Multiphase model of minority involvement and training in the mental health professions.

Figure 1

Minority Students

Minority Professionals

